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IMAGES IN CARDIOLOGY

Identifying the Etiology of a "Finger-Like" Structure Inside the Left Ventricle Using Cardiac Magnetic Resonance

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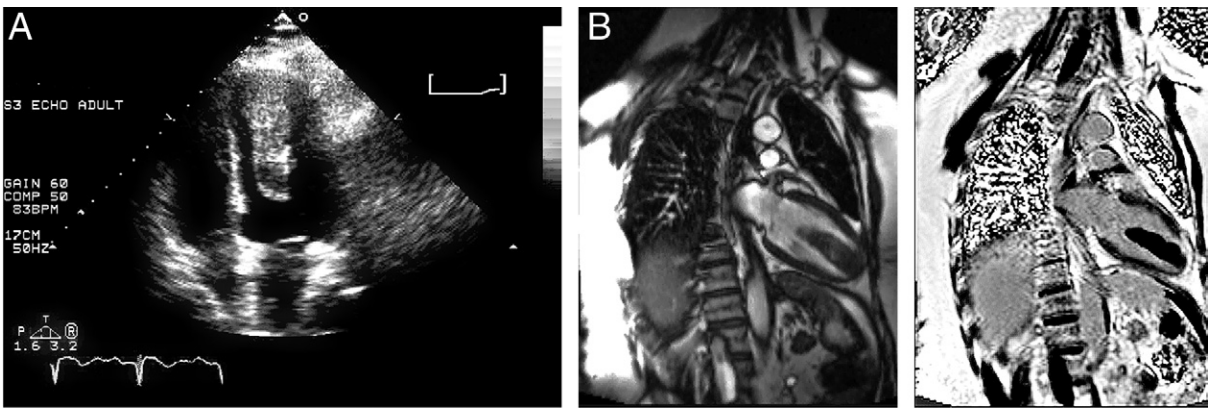

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A 59-year-old woman was diagnosed with breast cancer in 1989. In 2002, she was diagnosed with ovarian carcinoma.

A left ventricular mass was incidentally noted on a breast magnetic resonance imaging scan for routine screening. Transthoracic echocardiogram showed a large pedunculated echo-dense "finger-like" mass attached to the apex and protruding toward the base, measuring 6.4 × 2.4 cm. The mass appeared to be attached to the apex, and it did not thicken during systole (**A**, Online Video 1).

On the cardiac magnetic resonance study, the mass was nearly isointense with myocardium and revealed attachment of the mass to the apex, with absence of systolic thickening (**B**, Online Video 2). Inversion recovery imaging sequence confirmed the mass to be a thrombus. Delayed enhancement showed an anterolateral-apical scar consistent with distal left anterior descending artery infarction **(C)**. The patient had no history of a prior myocardial infarction or previous ischemic cardiac workup, and her 12-lead electrocardiogram was unremarkable (Online Videos 1 and 2).